PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

- 3	E ADDRESS (Note: Use Block 1 for	any change of address)	OIP	Note: A certificate of	f mailing can only be used f	for domestic mailings of t
759	90 09/23/2004		_	have its own certification	al paper, such as an assignm te of mailing or transmission.	nent or formal drawing, mu
John H. Thomas,		{_		I ZUKA W	rtificate of Mailing or Tran	smission
1561 East Main Stro Richmond, VA 232			ENT & TRAD	thereby certify that the states Postal Service addressed to the Ma	his Fee(s) Transmittal is beir with sufficient postage for fi il Stop ISSUE FEE address PTO (703) 746-4000, on the	ng deposited with the Unit rst class mail in an envelous s above, or being facsimal
/21/2004 EAREGAY2 00000008 10615197			THAU	John H.	Thomas	(Depositor's name
FC:1504	300.00 00			Su	MONA	(Signatur
FC:2501	685, 00 (0)			October	2004	(Dat
APPLICATION NO.	FILING DATE	FIRST NAME		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/615,197	10/615,197 07/08/2003		Robert L. Walker		WALKER 1	8026
TITLE OF INVENTION: LI						
APPLN. TYPE	SMALL ENTITY	ISSUE FEI	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	nonprovisional YES			\$300	\$965	12/23/2004
EXAMINER		ART UNIT	Г	CLASS-SUBCLASS		
WRIGHT, ANDREW D		3617		114-044000		
"Fee Address" indicati	tion form	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PTO/SB/47; Rev 03-02 o Number is required.			listed, no	name will be printed.		
PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND	RESIDENCE DATA TO B		HE PATEN	Γ (print or type)		
PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND	RESIDENCE DATA TO B		HE PATEN	Γ (print or type)	nee is identified below, the	document has been filed
PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND	RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee do of this form is NOT	HE PATEN ata will app	<u>.</u>		document has been filed
PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee do of this form is NOT	HE PATEN ata will app	Γ (print or type) Dear on the patent. If an assign for filing an assignment.		document has been filed
PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion	clow, no assignee da of this form is NOT (B)	HE PATEN' ata will app a substitute RESIDENG	T (print or type) pear on the patent. If an assig for filing an assignment. CE: (CITY and STATE OR CO		_
PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Please check the appropriate 4a. The following fee(s) are expressions.	RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion	clow, no assignee dof this form is NOT (B) ries (will not be prin 4b.	HE PATEN' ata will app a substitute RESIDENO	T (print or type) Dear on the patent. If an assig for filing an assignment. CE: (CITY and STATE OR COmpatent): Individual CE: (CEC)	OUNTRY) Corporation or other private g	_
PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Please check the appropriate Issue Fee	RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion of EE assignee category or catego enclosed:	clow, no assignee dof this form is NOT (B) ries (will not be prin 4b.	HE PATENT ata will app a substitute RESIDENCE need on the p Payment of	T (print or type) Dear on the patent. If an assig for filing an assignment. CE: (CITY and STATE OR COmparent): Individual Comparent): Individual Comparent	OUNTRY) Corporation or other private grant gran	_
PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Please check the appropriate Issue Fee	RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion of EE assignee category or catego enclosed:	clow, no assignee dof this form is NOT (B) ries (will not be printed the detection of the	HE PATEN' ata will app a substitute RESIDENCE nted on the p Payment of A check Payment	T (print or type) Dear on the patent. If an assig for filing an assignment. CE: (CITY and STATE OR COmpatent): Individual CE: (CEC)	Corporation or other private grandlessed. 8 is attached.	roup entity 🚨 Governme
PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Please check the appropriate 4a. The following fee(s) are of the properties of the propertie	RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion of EE assignee category or catego enclosed: mall entity discount permitte Copies (from status indicated above MALL ENTITY status. See	ries (will not be printed) (d) (d) (ed) (37 CFR 1.27.	HE PATEN' ata will app a substitute RESIDENC The don the p Payment of A check Payment The Dir Deposit Acc	T (print or type) pear on the patent. If an assig for filing an assignment. CE: (CITY and STATE OR COntent): Individual CE: (CITY and STATE OR CONTENT): (CITY and STATE OR CONTENT): (CITY and STATE OR CITY and STATE OR C	Corporation or other private granclosed. 8 is attached. charge the required fee(s), or enclose an extra	r credit any overpayment, copy of this form).
PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Please check the appropriate 4a. The following fee(s) are of the properties of the propertie	RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion EE assignee category or catego enclosed: mall entity discount permitte Copies (from status indicated above MALL ENTITY status. See is requested to apply the Issuelication Fee (if required) versions.	ries (will not be prin 4b. add) 37 CFR 1.27. are Fee and Publicativill not be accepted	HE PATEN' ata will app a substitute RESIDENC med on the p Payment of A check Payment of The Dir Deposit Acc	T (print or type) pear on the patent. If an assig for filing an assignment. CE: (CITY and STATE OR COmpatent): Individual Category patent): Individual Category peace of the fee(s) is early credit card. Form PTO-203 ector is hereby authorized by count Number 10-2127	Corporation or other private granclosed. 8 is attached. charge the required fee(s), or enclose an extra	r credit any overpayment, copy of this form).
PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Please check the appropriate 4a. The following fee(s) are of the USPTO in the Issue Fee and Punches as Applicant claims SM The Director of the USPTO in NOTE: The Issue Fee and Punches as Applicant Punches Issue Fee and Punches Issue Fee Issue Fee and Punches Issue Fee	RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion EE assignee category or catego enclosed: mall entity discount permitte Copies (from status indicated above MALL ENTITY status. See is requested to apply the Issuelication Fee (if required) versions.	ries (will not be prin 4b. add) 37 CFR 1.27. are Fee and Publicativill not be accepted	HE PATEN' ata will app a substitute RESIDENC med on the p Payment of A check Payment of The Dir Deposit Acc	T (print or type) pear on the patent. If an assig for filing an assignment. CE: (CITY and STATE OR COntent): Individual Individual In the amount of the fee(s) is early by count Number 10-2127 cant is no longer claiming SMA and or to re-apply any previous e other than the applicant; a region of the patents of the second of the fee (s) is early authorized by count Number 10-2127	Corporation or other private granclosed. 8 is attached. charge the required fee(s), or enclose an extra	r credit any overpayment, copy of this form).

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.